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CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
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**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

10 TOMAS LOPEZ MENEWEAR, INC. C
11 Plaintiff,
12 vs.
13 B. POWELL, ET AL
14 Defendant.
15

07 4092

CASE NO.

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

(PR)

16 TIBI MENNEWAFTER, declare, under penalty of perjury that I am the
17 plaintiff in the above entitled case and that the information I offer throughout this application
18 is true and correct. I offer this application in support of my request to proceed without being
19 required to prepay the full amount of fees, costs or give security. I state that because of my
20 poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21 entitled to relief.

In support of this application, I provide the following information:

23 1. Are you presently employed? Yes No

24 If your answer is "yes," state both your gross and net salary or wages per month, and give the
25 name and address of your employer:

26 Gross: Net:

27 Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

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7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes No
 10 self employment

11 b. Income from stocks, bonds, Yes No
 12 or royalties?

13 c. Rent payments? Yes No
 14 d. Pensions, annuities, or Yes No
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes No
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

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Are you married? Yes No

Spouse's Full Name: Barbara Meneweather (DECEASED)

Spouse's Place of Employment: _____

Spouse's Monthly Salary, Wages or Income:

Gross \$ _____ Net \$ _____

a. List amount you contribute to your spouse's support: \$ _____

7 5. Do you own or are you buying a home? Yes No

8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes No

10 | Make _____ Year _____ Model _____

11 Is it financed? Yes _____ No _____ If so, Total due: \$ _____

12 | Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes No (Do not include account numbers.)

14 Name(s) and address(es) of bank: _____

15

16 Present balance(s): \$ _____

17 Do you own any cash? Yes No Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
19 market value.) Yes No

20 _____

8. What are your monthly expenses?

2 | Rent: \$ _____ Utilities: _____

3 | Food: \$ _____ Clothing: _____

4 | Charge Accounts:

5 Name of Account Monthly Payment Total Owed on This A

6 _____ \$ _____ \$

7 _____ \$ _____ \$ _____

8 _____ \$ _____ \$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)
3
4 _____
5

6 10. Does the complaint which you are seeking to file raise claims that have been presented
7 in other lawsuits? Yes No X
8 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
9 which they were filed.
10 _____
11

12 I consent to prison officials withdrawing from my trust account and paying to the court
13 the initial partial filing fee and all installment payments required by the court.
14

15 I declare under the penalty of perjury that the foregoing is true and correct and
16 understand that a false statement herein may result in the dismissal of my claims.
17

18 7/12/07
19 DATE

20 Thomas Lopez Menevarthen
21 SIGNATURE OF APPLICANT

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1
2 Case Number: _____
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10 CERTIFICATE OF FUNDS
11 IN
12 PRISONER'S ACCOUNT

13 I certify that attached hereto is a true and correct copy of the prisoner's trust account
14 statement showing transactions of D 35219 meneweather, Thomas for the last six months
15 at

16 SALINAS VALLEY STATE PRISON
17 ACCOUNTING DEPARTMENT
P.O. BOX 1020
SOLEDAD, CA 93960-1020

[prisoner name]

18 where (s)he is confined.

[name of institution]

19 I further certify that the average deposits each month to this prisoner's account for the
20 most recent 6-month period were \$ 0 and the average balance in the prisoner's
21 account each month for the most recent 6-month period was \$ 0.

22 Dated: 7/27/07

L. maria

23 [Authorized officer of the institution]
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REPORT ID: TS3030

REPORT DATE: 07/27/07
PAGE NO: 1CALIFORNIA DEPARTMENT OF CORRECTIONS
SALINAS VALLEY STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2007 THRU JUL. 27, 2007

ACCOUNT NUMBER : D35219
ACCOUNT NAME : MENEWEATHER, THOMAS
PRIVILEGE GROUP: B
BED/CELL NUMBER: FAB3T1000000109W
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
07/12/2007	H109	LEGAL POSTAGE HOLD	0151 ENVEL	1.10
07/17/2007	H109	LEGAL POSTAGE HOLD	0211 LPOST	0.58
07/17/2007	H109	LEGAL POSTAGE HOLD	0211 LPOST	2.33
07/17/2007	H118	LEGAL COPIES HOLD	0206 LCOPY	13.80

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	17.81	0.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE. 7/27/07

ATTEST: CALIFORNIA DEPARTMENT OF CORRECTIONS

BY *X. maria SJP* SUSP

CURRENT
AVAILABLE
BALANCE

17.81-

